

ARTSPOWERED SCHOOLS
SUMMER INSTITUTE

2006



REGISTRATION FORM

Return this form and \$200 registration fee to:
State Department of Education
ArtsPowered Schools
P.O.Box 83720
Boise, ID 83720-0027

Please include all team members forms and payment in the same envelope.

Name *last* *first* *middle initial*

School Name

School Address

City State Zip

Home Address

City State Zip

School email

Home email

School District District #

Current Teaching Assignment

☐ I am applying as a member of a school team and request the group rate \$150 per person

Team members include:

ARTS DISCIPLINE TRACKS:

Select Session Choices: First Choice

Second Choice

Third Choice

Session Choices: *Moving Your Ideas, Fresh From the Tube, Sound and Art, Create an Atmosphere, Collaborative Puppetry.*

☐ I would like to reserve a dorm room at Albertson College.

☐ I will take care of my own overnight accommodations.

Please list any special mobility needs.

Idaho Commission on the Arts
208-334-2119 1-800-Art-Fund
rpiispanen@arts.idaho.gov
www.artspowerschools.idaho.gov